

**APPLICATION CHECK LIST-TRUSTEED REINSURER**

Company Name \_\_\_\_\_

Country of Domicile \_\_\_\_\_ NAIC No. \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ Date Business Commenced \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

**Documents Required:**

- \_\_\_\_\_ **Copy of corporate resolution to submit application certified\* by the corporate secretary as adopted by the Board of Directors.**
  
- \_\_\_\_\_ **An affidavit stating all other jurisdictions in which an application is currently pending along with the date(s) these applications were initially submitted.**
  
- \_\_\_\_\_ **Signed copy of the Deed of Trust with an original document from the Commissioner of the State of Domicile of the U. S. Trust certifying that the Deed of Trust has been reviewed and approved and as of what date the Deed of Trust became effective.**
  
- \_\_\_\_\_ **Copy of Annual Statement of the U.S. Reinsurance Trust certified by the State of Domicile for most recently completed year. Also include the Management Discussion and Analysis and copies of quarterly statements for quarters expired since last calendar year end.**
  
- \_\_\_\_\_ **Independent actuarial opinion of U.S. Reinsurance Trust.**
  
- \_\_\_\_\_ **Trust Fund Certification by the trustee of the trust of a qualified United States financial institution of the market value of the trust and listing the trust's investments at December 31 of the most recently completed year. The trustee shall certify the date of termination of the trust, if so planned, or certify that the trust shall not expire prior to the next year-end. Also include trust fund certifications at end of each quarter expired since last calendar year.**
  
- \_\_\_\_\_ **Audit report of the Applicant from an independent CPA firm for most recently completed year. (This must include a translation into U.S. Dollars at the prevailing exchange rates in force at the balance sheet date as certified by the Chief Financial Officer. )**
  
- \_\_\_\_\_ **Certified copy of the Articles of Incorporation (by the principal insurance supervisory official of the country of domicile).**
  
- \_\_\_\_\_ **Copy of the Bylaws certified by a principal officer of the company.**
  
- \_\_\_\_\_ **Copy of the Certificate of Authority identifying authorized lines of business, with letter from company officer certifying that the document is identical to the original on file with the principal supervisory official of the country of domicile.**

- \_\_\_\_\_ Biographical Affidavits for all directors and principal officers. (Affidavits must be on NAIC model forms and have an original signature and be dated within one year of the application date. )
- \_\_\_\_\_ A notarized statement signed by the President and Secretary that the Company “submits to the authority of the Minnesota Commissioner of Commerce to examine its books and records and agrees to bear the expense of any such examination.”
- \_\_\_\_\_ Please attach a brief explanation of why your company wants to be approved as a Trusteed Reinsurer in the State of Minnesota.

**PLEASE NOTE: A certificate or “certification” is an original document. Certifications may be provided on the document itself or as an attachment, however, they must be original.**

**Please answer the following questions:**

1. Has any insurance department placed any orders or restrictions of any kind against the operations of the applicant or U.S. Trust during the past three years?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
2. Has the applicant entered into any voluntary agreement with any insurance department restricting the operation of the applicant or U.S. Trust during the past three years?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
3. Has any insurance department levied any fines against the applicant or U.S. Trust during the past three years? \_\_\_\_\_ YES \_\_\_\_\_ NO
4. Have any surplus notes or other transactions been executed primarily for the purpose of increasing surplus? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If the answer is "YES" to any of the questions listed above, attach a detailed explanation.**

**Completed By**\_\_\_\_\_

**Title of Officer**\_\_\_\_\_

**Signature of Officer**\_\_\_\_\_ **Date**\_\_\_\_\_

**Signature of President**\_\_\_\_\_ **Date**\_\_\_\_\_